
(Name Of School District)

Integrated Pest Management Initial Notification Form

_____ School Year

First Semester

Second Semester

SPECIAL NOTICE

Dear Parent/Guardian, District Employee, or Health Professional:

The _____ Districts Board of Education has implemented a special Program of Integrated Pest Management (I.P.M) in order to control pests in a way that minimizes economic, health and environmental risks via a monitoring and inspection Program and the judicious use of pesticides. Those individuals applying pesticides will be properly certified in keeping with applicable legal requirements for the I P M program.

If you want to be notified Twenty-Four (24) hours in advance of a planned pesticide application, other than when bait is used, or as soon as possible when an emergency pesticide application is necessary, please register at the front office of the school. You may also register by phone by calling your school office at: _____.

(Local School Phone)

Sincerely,

(Name and phone number of District I. P. M. Coordinator)

(Name of School District)

ADVANCE NOTIFICATION FORM

Dear Sir/Madame:

This information is being sent to you based on your request to receive advance notification of scheduled pesticide application other than bait application.

Scheduled date/time of application: _____

Location of scheduled application: _____

Pest targeted: _____

Pesticide(s) Common Name: _____

Active ingredient in pesticide(s): _____

Questions regarding the health effects of the pesticides to be used are to be referred to your health professional.

Labels and Material Safety Data Sheets (M. S. D. S.) are on file with the I. P. M. Coordinator. For service or application questions or copies of the Labels or Material Safety Data Sheets (M.S. D.S) you may call the I. P. M. Coordinator.

Sincerely,

(Name and phone number of District I. P. M. Coordinator)

(Special Note: If school district does not have an I. P. M. Coordinator, the Licensed PCO name and phone number could be listed)

(Name of School District)

Emergency Notification Form

Dear Sir/Madame:

This information is being sent to you based on your request to receive advance notification of pesticide application. The following information applies to an emergency application of pesticides other than bait.

Scheduled date/time of application: _____

Location of scheduled application: _____

Pest targeted: _____

Pesticide(s) Common Name: _____

Active ingredient in pesticide(s): _____

If you have any questions about the application, please contact _____
our Integrated Pest Management Coordinator at _____.
(Telephone number)

Sincerely,

(Name and phone number of District I. P. M. Coordinator)

(Special Note: If school district does not have an I. P. M. Coordinator, the Licensed PCO name and number could be listed)

Complete Name	Complete Address	Regular Phone	Emergency Phone	Date(s) Notification Provided				Sender's Initials